

For office use only



Department of Taxation and Finance

# New York State Estate Tax Certification

For an estate of an individual whose date of death is on or after January 1, 2019

# ET-85

(10/19)

Decedent's last name First name Middle initial Social Security number (SSN)

Address of decedent at time of death (number and street) Date of death Mark an X if copy of death certificate is attached (see instr.)

City State ZIP code County of residence

If the decedent was a nonresident of New York State on the date of death, mark an X in this box and attach a completed Form ET-141, *New York State Estate Tax Domicile Affidavit*.

**Power of Attorney** – Mark an X if Form ET-14, *Estate Tax Power of Attorney*, is attached (see instructions)

If Form ET-14 was previously provided, indicate which form it was attached to and the date it was submitted:  
Form \_\_\_\_\_ Date \_\_\_\_\_

**Executor** – If you are submitting *Letters Testamentary* or *Letters of Administration* with this form, indicate in this box the type of letters. Enter L if regular, LL if limited letters. If you are not submitting letters with this form, enter N.....

Attorney's or authorized representative's last name	First name	MI	Executor's last name	First name	MI
In care of (firm's name)			If more than one executor, mark an X in the box (see instr.)		Email address of executor
Address of attorney or authorized representative			Address of executor		
City	State	ZIP code	City	State	ZIP code
SSN or PTIN of attorney or authorized rep.	Telephone number		Social Security number of executor		Telephone number

**If an attorney or authorized representative is listed above, he or she must complete the following declaration.**

I declare that I have agreed to represent the executor(s) for the above estate, that I am authorized to receive tax information regarding the estate, and I am (mark an X in all boxes that apply):

- an attorney
- a certified public accountant
- an enrolled agent
- a public accountant enrolled with the New York State Education Department

Signature of attorney or authorized representative Date Email address of attorney or authorized representative

**Estimated net estate (including jointly held assets)**

1 Real property	1		
2 Bank deposits, mortgages, notes and cash	2		
3 Stocks and bonds	3		
4 Life insurance	4		
5 Annuities	5		
6 Retirement benefits	6		
7 Miscellaneous assets (see instructions)	7		
8 Taxable gifts (see instructions)	8		
9 Add lines 1 through 8	9		
10 Estimated deductions	10		
11 Estimated net estate (subtract line 10 from line 9)	11		

Were releases of lien previously issued? .....  Yes  No

If Yes, give date of issuance (mm-dd-yyyy). \_\_\_\_\_

Was the decedent a member of a partnership? ....  Yes  No

Did the decedent have a surviving spouse?.....  Yes  No

If the decedent was a nonresident of New York State, does the estate include real property or tangible personal property having an actual situs in New York State?.....  Yes  No

**Mark an X in the box below if a release of lien is requested.**

**Releases of lien are requested** – Submit a separate Form ET-117, *Release of Lien of Estate Tax*, for each county, cooperative housing corporation, and purchaser (see instructions). A release of lien is not required if the property was held jointly by the decedent and the surviving spouse as the only joint tenants. There is no fee for a release of lien.

If releases of lien are required, enter the total number of counties here.....

**Certification:** The undersigned states that he or she is the duly appointed executor or administrator, or a beneficiary or person having an interest in the above named estate for which no executor or administrator has been appointed and agrees to provide written evidence of such interest or authority upon request. The undersigned further states that he or she has a thorough knowledge of the decedent's assets. This certification estimates the assets of the decedent's estate, and the answers to the above questions are each and every one of them true in every particular. The certification is made to induce the Commissioner of Taxation and Finance to give a release of lien required by the Tax Law.

Signature of executor/applicant

State of \_\_\_\_\_, County of \_\_\_\_\_,

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Signature of Notary Public, Commissioner of Deeds, or authorized New York State Department of Taxation and Finance employee (affix stamp below)

Mail to: NYS ESTATE TAX, PROCESSING CENTER, PO BOX 15167, ALBANY NY 12212-5167.

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